

GOVERNMENT OF ANDHRA PRADESH
ABSTRACT

CH&FW-Trgs- Operational Guidelines for Quality assurance in Public Health facilities along with assessors-Implementation of **Quality Assurance** in District Hospital/Area Hospital/CHC/PHC— Constitution of **Quality Assurance Committees and units at District level-Quality Assurance Teams at facility Level- Quality internal Assessment** – Orders – Issued.

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HEALTH, MEDICAL AND FAMILY WELFARE (E2) DEPARTMENT

G.O.MS.No. 23

Dated:18.03.2015

Read:

From the CH& F.W., A.P., Hyd Lr. Rc.No.QA/JD(Tgs)/CHFW/2014,
dt.09.01.2014.

ORDER:

The Commissioner of Health & Family Welfare, A.P., Hyderabad in his letter read above has informed that 'Quality Assurance' in health care facilities is a cyclical process, which needs to be continuously monitored against the pre-defined standards and measurable elements. Regular assessment of health facilities by their own staff and action planning towards traversing the observed gaps is the only way for the viable quality assurance program in public health facilities. Government of India has defined quality standards and measurement systems and brought out '**Assessor's Guidebook for Quality Assurance in District Hospitals**' in two volumes comprising of '**18 departmental checklists**' to measure all aspects of quality of care in a District Hospital or equivalent secondary care Public Hospital and issued separate '**Assessors Guidebook for Community Health Centers and 24X7 Public Health Centers**' to measure Quality care in Community Health Centers and Public Health Centers.

2. The Quality Assurance program in the State of Andhra Pradesh will be implemented with a primary objective to increase the utilization of sustainable, high-quality healthcare services leading to improved health of families and will be based on the Quality Assurance Guidelines that have been developed by the Ministry of Health & Family Welfare, Government of India.

3. He has requested to constitute Quality Assurance teams at State, District & Facility levels.

4. Government after careful examination of the matter in detailed and hereby constitute the following committee / teams with terms of references there under to ensure quality assurance in health care facilities:

1. State Quality Assurance Committee(SQAC):

- i. Principal Secretary Health & Family Welfare – Chair-person
- ii. Commissioner Health and Family Welfare – Co-chair-Person
- iii. Mission Director, National Health Mission - Member
- iv. Director General, Drugs Control Administration - Member
- v. Managing Director, APMSIDC- Member
- vi. Director, Medical Education- Member
 - i. Director Public Health & Family Welfare - Member
 - ii. Commissioner, APVVP- Member
 - iii. Joint Commissioner , APVVP- Member
 - iv. All Joint Directors under CHFW, DPHFW- Members
 - v. Additional Director (MCH)- Convener
 - vi. One representative from FOGSI/ IMA- Member
- vii. Any other member or representatives of public health organisations of eminence as nominated by the state government- Member

(P.T.O)

Terms of references for SQAC

- i. SQAC is a body for policy decisions and directions. The primary role is to provide overall guidance, monitoring and supporting the quality improvement process.
- ii. SQAC will conduct periodic reviews to assess the progress of the QA activities including the KPIs as provided by GoI.
- iii. The committee will meet at least once in three months.
- iv. The SQAC will review the reports of the DQAUs and submit them to the Government every quarter along with action taken reports.

2. State Quality Assurance Unit(SQAU):

- i. Commissioner of Health & Family Welfare Chair-person
- ii. Additional Director (MCH) -Member Secretary
- iii. Joint Director (MHN) -Nodal officer
- iv. Joint Director Medical (DME) - Member
- v. Joint Commissioner, APVVP - Member
- vi. Joint Director (Trainings) – Member
- vii. Joint Director (PS&SP) - Member
- viii. Programme Officer (Quality Assurance) - Member
- ix. Programme officer (Trainings) - Member
- x. Addl Director (Public Health) - Member
- xi. State Programme Manager, NHM- Member

Terms of References for the SQAU

- (i) SQAU is the functional unit of SQAC and responsible for the accreditation process and setting up of the standards in the Public Health Facilities. This unit will appraise the high level committee about the time to time progress and will seek guidance, support and direction from them.
- ii) Adopt checklists for RMNCH+A services.
- iii) Develop a plan for the quality assurance at each level, orientation of the state level assessors, disseminating the quality assurance tools and guidelines and methodology to be followed at each level.
- iv) Develop the field travel plan, compile and collate the monthly data received from the districts.
- v) Review the progress of the QA activities and ultimately send the reports to SQAC.

3. District Quality Assurance Committee(DQAC):

- i. District Collector-Chairperson
- ii. DM&HO- Member
- iii. District Coordinator of Hospital Services– Member-Convener
- iv. Superintendents of Teaching/ District/Area Hospitals in the District- Members
- v. All Health Program Officer in the District- Members
- vi. Assistant Director (Admn) O/o DCHS, AD Teaching hospital and AO of DM&HO- Members
- vii. Principals of RTCs where ever existing and PODTT of the District- Members
- viii. Programme Officer- Quality Assurance (For Secondary Care hospitals) – Member
- ix. Addl. DM&HO (MCH) - Member

Terms of references for DQAC

- i. This committee will have an overarching role in implementing 'quality assurance' in all health facilities in the District.

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- ii. Responsible for dissemination of QA policies and guidelines, ensuring standards, capacity building, monitoring QA efforts in the districts, periodic review, supporting quality and coordination
- iii. The existing organizational structure including merger of all existing QA cells/bodies into a unified **District Quality Assurance Committees**. This will cover all areas including RCH, Family Planning, disease control programs and facility based curative care.
- iv. Responsible for dissemination of QA policies and guidelines, ensuring standards, capacity building, monitoring QA efforts in the districts, periodic review, supporting quality and coordination with SQAC

4. District Quality Assurance Unit(DQAU):

- i. District Medical and Health Officer - Chairman
- ii. District Coordinator of Hospital Services – Vice Chairman
- iii. Superintendents of Teaching Hospitals- Vice Chairman
- iv. Superintendents of District/Area Hospitals in the District- Members
- v. All Health Programme Officer in the District- Members
- vi. Assistant Director (Admn) O/o DCHS, AD Teaching hospital and AO of DM&HO- Members
- vii. Principals of RTCs where ever existing and PODTTs of the District- Members
- viii. Programme Officer- Quality Assurance (For Secondary Care hospitals) – Members
- ix. Addl.DMHO (MCH) – Member

Terms of References for DQAU

- i. To ensure roll out of standard protocols for RMNCH-A services,
- ii. Develop plan for the quality assurance,
- iii. Disseminating the quality assurance guidelines and tools,
- iv. Develop field travel plan and joint visits.
- v. Compile and collate monthly data received from facilities on outcome level indicators, especially those related to cases of adverse outcomes /complications in maternal, neonatal and child health; maternal and infant child deaths, disease control programmes and share it with the DQAC members.
- vi. Responsible for undertaking an independent quality assessment of health facility.
- vii. This DQAU will independently visit the Public Health Facilities and assess them on the departmental checklist to re-verify the scores given in the internal assessment by Hospital Quality team.
- viii. The DQAU will also review the internal assessment reports and KPIs before sending them to the state quality assurance committee.

5. Quality Assurance Teams at Facility Level (District Hospital/Area Hospital/ Community Health Center/ Primary Health Center):

- i. Medical Superintendent–Chairperson
- ii. Anesthetist, Surgeon, OBG, Pediatrician, Pathologist/Microbiologist/Senior Lab Technician, Nursing Superintendent/ Head Nurse and other supportive staff- Members
- iii. Medical Records Officer/Pharmacist /Staff Nurse-Members
- iv. AD (Admn)/ AO/Senior Assistant-Members

(P.T.O)

Terms of References for Quality Assurance Team at Facility Level

- i. Staff orientation, ensuring adherence to standards of measures
- ii. Regular reporting to DQAC
- iii. Ensuring inter-departmental coordination
- iv. QA team at facility will meet every fortnight to discuss on QA activities

Note: 'Quality Team' at District Hospital and Area Hospital may be constituted with the Hospital Superintendent as chairman, which includes Civil Surgeon (RMO), Civil Surgeon specialists of clinical subject including Obstetrics & Gynecology and Pediatrics and Nursing Superintendent. When the department to which the Civil Surgeon Specialist who is member of this committee, is assessed, in his place Civil Surgeon Specialist from other clinical department may act as the member. Accordingly, each hospital shall form QA committees. At CHC the quality team shall include the Dy. DMHO (CHNC) as chairman with other doctors, staff nurses and some paramedical staff as members. At PHC level the in charge Medical Officer will be the chairman with other doctors, staff nurses and some paramedical staff as members.

5. The Commissioner of Health & Family Welfare, A.P., Hyderabad shall take further necessary action as per the operational guidelines in the matter.

(BY ORDER AND IN THE NAME OF THE GOVERNOR OF ANDHRA PRADESH)

L.V. SUBRAHMANYAM,
SPECIAL CHIEF SECRETARY TO GOVERNMENT.

To
The Commissioner of Health & Family Welfare, A.P., Hyderabad.
All members in the SQAC/SQAU/DQAC/DQAU/Quality Assurance Teams at Facility
Level thro' Commissioner of Health & Family Welfare, A.P., Hyderabad.
SF/SC

// FORWARDED :: BY ORDER //

SECTION OFFICER